FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	ORGANIZATION	
i Oitim i	(See instructions)	Office use only
NAME OF COMMITTEE (in f	(Check if name Example: If typying, type is changed) over the lines	12FE4M5
ILLINOIS PORI	K PRODUCERS ASSOCIATION POLITICAL ACTION COM	MITTEE
<u> </u>		
ADDRESS (number and s	treet) 6411 SOUTH SIXTH STREET ROAD	
(Check if address is changed)		
	SPRINGFIELD	IL
	CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAII	L ADDRESS (Please provide only one e-mail address)	
(Check if address is changed)	delma@ilpork.com	
COMMITTEE'S WEB F	PAGE ADDRESS (URL)	
(Check if address is changed)		
2. DATE 0 3	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
3. FEC IDENTIFICAT	TION NUMBER C C00175976	
4. IS THIS STATEM	ENT X NEW (N) OR AMENDED (A)	
I certify that I have examin	ned this Statement and to the best of my knowledge and belief it is true, corre	ct and complete
Type or Print Name of	Treasurer Delma Clark	
Signature of Treasurer	Electronically Filed by Delma Clark	Date 03 / 24 / YYY09
NOTE: Submission of fals	se, erroneous, or incomplete information may subject the person signing this ANY CHANGE IN INFORMATION SHOULD BE REPORT	
Office	For further informat	ton control
Use	Federal Election Com Toll Free 800-424-95	mission FEC FORM 1